

BILL TO:

SHIP TO:

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Attn: _____
 Phone Number: () _____

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Attn: _____
 Phone Number: () _____

GENERAL BUSINESS INFORMATION:

Type of Business: _____
 D.B.A. Individual Partnership Corporation
 Years in Business: _____ Years in Inc. _____ State if Inc. _____
 Duns Number: _____
 Officers Name: _____ Title: _____

Are you Sales and/or Tax Exempt?
 YES (if yes, please submit number below)
 NO
 Certificate Number: _____
 Accounts Payable Contact: _____
 Name: _____
 Phone: _____ Ext: _____

BANK REFERENCE:

Bank Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Phone: () _____
 Fax: () _____
 Officer Handling: _____
 Checking Acct. No. _____

TRADE REFERENCES: (MINIMUM OF THREE)

Name: _____
 Account Number: _____
 Name: _____
 Account Number: _____
 Name: _____
 Account Number: _____

Address: _____
 Phone: () _____ Fax: () _____
 Address: _____
 Phone: () _____ Fax: () _____
 Address: _____
 Phone: () _____ Fax: () _____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit, and that past due accounts are charged 1.5% per month. **PERSONAL GUARANTTE:** I/We, the Undersigned, hereby agree to personally guarantee any and all debts, losses and/or forfeitures, duly owed to Living Whole Foods, Inc., regardless of Party or Cause, as OWNER, OFFICER, DIRECTOR, SHAREHOLDER, EM-PLOYEE, or otherwise DULY AUTHORIZED AGENT for the below listed Businesses, Partnerships, and/or Proprietorships. I accept any and all responsibility for any and all debt owed to Living Whole Foods, Inc. and hereby agree to be bound per-sonally liable, Full Joint and Several, for any and all debt duly owed to Living Whole Foods, Inc, regardless of Conflict, State, Federal or Corporate Law.

Signed: _____ Title: _____ Date: / /

